FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	1/7	1803	6						
OMB APPROVAL									
Expires: Estimate	OMB Number;								
	SEC	JSE ONLY							
Prefix			Serial						
	1	1							
	DATE	RECEIVED							

Name of Offering	(check if this is an ar	mendment and name	has changed, and ir	idicate change.)		
The Newsmarket, In	ıc.					
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	☐ ÛLOE
Type of Filing:	☐ New Filing					
		A. BASI	C IDENTIFICAT	ION DATA		÷
Enter the inform	nation requested about the	issuer			**	and the same
Name of Issuer	(☐ check if this is an ar	mendment and name	has changed, and ir	ndicate change.)	8 .	
The Newsmarket, In	ıc					
Address of Executive	Offices		(Number and Stree	et, City, State, Zip Co		mber (Including Area Code)
6 East 32 nd Street, 6	^{5th} Floor, New York, NY	10016			212-497-9022	
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	de) Telephone Nu	mber (Including Area Code)
(if different from Exec	cutive Offices)					
Brief Description of E	Business: A video ar	chive and distribution	on platform that en	ables the news med	lia to access free br	padcast-standant 65E
Type of Business Or	ganization					CED 1 4 2004
	☑ corporation	☐ limited p	oartnership, already	formed	other (please sp	ecify):
	D business trust	☐ fimited p	partnership, to be for	med		HOMSO
			Month	Year		FINANCH
Actual or Estimated I	Date of Incorporation or O	rganization:	0 5	0	2 ⊠ Act	ual Estimated
Jurisdiction of Incorp	oration or Organization: (Enter two-letter U.S. I	Postal Service Abbre	eviation for State;		·
		С	N for Canada; FN fo	r other foreign jurisdi	iction) D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

	 -	A. BASIC I	DENTIFICATION DATA	A					
Each promoter of theEach beneficial ownEach executive office	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		□ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual):	Purushothaman, Sho	bba						
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 6 East 32 nd Street,	6 th Floor, New Yo	ork, NY 10016				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le):						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Patricof, Alan							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de): 445 Park Avenue,	New York, NY 10	022				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual):	English, Scott							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 959 Eighth Avenue	e, New York, NY	10019				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual):	Bowen, David							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de): 1500 Broadway, 1	4 th Floor, New Yo	rk, NY 10036				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual):	Hayward, Anthony							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de): 6 East 32 nd Street,	6 th Floor, New Yo	ork, NY 10036				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual):	Shnaider, David							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de): 204 Main Street, B	exford, MA 0192	1				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual):	Ascend Ventures, L.I	P.						
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de): 1500 Broadway, 1	4 th Floor, New Yo	rk, NY 10036				

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B. INFORMATION ABOUT OFFERING													
								·				Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
2. Wh	at is the m	inimum inv	estment t	hat will be	accepted t	from any ir	ndividual?			********		\$ <u>-0-</u>	
	<u>Yes</u>											<u>No</u>	
4. Ent													
Full Nam	ne (Last na	me first, if	individual) Not	applicabl	е							
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						-
Name of	Associate	d Broker o	r Dealer				_						
	Which Pe leck "All St												☐ All States
□ [AL]	☐ [AK]	□ [A <i>Z</i>]	☐ [AR]	☐ [CA]	□ [CO]	□ [CT]	□ [DE]		☐ [FL]	☐ [GA]	☐ (HI)	□ [ID]	
	□ [IN]	□ [IA]	[KS]		□ [LA]	☐ [ME]	☐ [MD]	□ [MA]	☐ [MI]	□ [MN]	☐ [MS]	□ [MO]	
☐ [MT]	□ [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]				☐ [PA]	
□ [RI]	□ [sc]	□ [SD]	□ [TN]	□ [TX]		□ [VT]	□ [VA]	□ [WA]	□ [WV]	[WI]		□ [PR]	
Full Nan	ne (Last na	me first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name of	Associate	d Broker o	or Dealer				-						
	Which Pe leck "All St												☐ All States
☐ [AL]	☐ [AK]	□ [AZ]	☐ [AR]	□ [CA]			□ [DE]		□ [FL]	☐ [GA]	□ [HI]	□ [ID]	
	□ [IN]	□ [IA]	[KS]	☐ [KY]	☐ [LA]	☐ [ME]		☐ [MA]	[MI]	☐ [MN]	☐ [MS]		
□ [MT]	□ [NE]	□ [NV]	□ [NH]	□ [NJ]	☐ [NM]	□ [NY]			□ [OH]	□ [OK]		□ [PA]	
□ [RI]	□ [sc]		□ [TN]	□ [XT]		[VT]	□ [VA]	□ [WA]	□ [WV]	□ [W1]		□ [PR]	
Full Nan	ne (Last na	me first, if	individual)									
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name of	Associate	d Broker o	or Dealer										
	Which Peneck "All St									,,,,,,,,,,,			☐ All States
□ [AL]	☐ [AK]	□ [AZ]	☐ [AR]	☐ [CA]	□ [CO]	□ [CT]	□ [DE]	□ [DC]	□ [FL]	□ [GA]	□ [HI]	[ID]	
□ [IL]	□ [IN]	□ [IA]	□ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	□ [MA]	☐ [MI]	☐ [MN]	□ [MS]	[MO]	
□ [MT]	☐ [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]		□ [OK]		□ [PA]	
□ [RI]	□ [sc]	□ [SD]	□ [TN]	□ [TX]	□ [UT]	□ [VT]	□ [VA]	□ [WA]	□ [W∨]	□ [WI]		□ [PR]	

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\sim	OFFERING PRICE.	MILIMPED	OF INIVESTORS	EVDENCES	AND HEE	OF DROCEEDS
U.	OFFERING PRICE.	NUMBER	UP INVESTURS.	EXPENSES	AND USE	OL EKOCEEDS

already exchanged.		Aggregate		Amount Already
	_	Offering Price	_	Sold
			_ \$_	
Equity	\$	4,290,000.00	<u>\$</u>	4290,000.00
☐ Common ☑ Preferred				
Convertible Securities (including warrants)	<u>\$</u>	4,290,000.00		4,290,000.00
Partnership Interests	\$			
Other (Specify)	<u>\$</u>		_ \$	
Total	\$	4,290,000.00	_ \$	\$4,290,000.00
Answer also in Appendix, Column 3, if filing under ULOE.				
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Aggregate Dollar Amount Of Purchases
Accredited Investors	·	20	\$	4,290,000.00
Non-accredited Investors	·	-0-		-0-
Total (for filings under Rule 504 only)		-0-	\$	-0-
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Type of Offering		Types of Security		Dollar Amount Sold
Rule 505				
Regulation A	·		\$	
Rule 504				
Total		<u> </u>	_ \$	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees		🗆	\$	-0-
Printing and Engraving Costs			\$	-0-
Legal Fees		🖾	<u>\$</u>	50,000.00
Accounting Fees			\$	-0-
Engineering Fees		🗖	\$	-0-
Sales Commissions (specify finders' fees separately)			\$	-0-
			\$	-0-
			s	50,000.00
	Type of Security Debt	sold_Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box	Sold Enter "O' if answer is "hone" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security

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	C. OFFERING PRICE, N	UMBER OF INVESTORS, EX	PENSES A	AND USE OF PRO	CEEDS	3
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in respo "adjusted gross proceeds to the issuer."	inse to Part C-Question 4.a. This diffe	erence is the		\$	4,240,000.00
-	Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amoestimate and check the box to the left of the esting the adjusted gross proceeds to the issuer set fort	unt for any purpose is not known, furn nate. The total of the payments listed i	ish an must equal	Payments to Officers,		_
				Directors & Affiliates		Payments to Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation	n of machinery and equipment		\$		\$
	Construction or leasing of plant buildings	and facilities		\$	_ 🗆	\$
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)	the assets or securities of another iss	uer _	¢		\$
	Repayment of indebtedness			\$		
	Working capital				_ 🗆	\$ 4.240,000,00
				\$	_ 🗵	\$ 4,240,000.00
	Other (specify):			\$	_ 🗆	\$
				\$	_ 凵	\$
	Column Totals			\$	_ 凵	\$
	Total Payments Listed (column totals add	ed)		<u> </u>	4,240) 7,000.00
		D. FEDERAL SIGNAT	URE			
cons	s issuer has duly caused this notice to be signed to stitutes an undertaking by the issuer to furnish to the issuer to any non-accredited investor pursuant	the U.S. Securities and Exchange Cor				
Issu	er (Print or Type)	Signature	h	D	ate	
	Newsmarket, Inc.	Signature		A	ugust 27	7, 2004
	ne of Signer (Print or Type) oba Purushothaman	Title of Signer (Print or Type) Chief Executive Officer) .			
3110	oua Purusiiotiiaman	Chief Executive Offices				
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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